



# VALLEY EMERGENCY MEDICAL SERVICE

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Testimony                    **Against Proposed Bill 6518**  
Robert Pettinella  
Chief of Service

Proposed Bill No. 6518

Good Morning,

My name is Robert Pettinella. I am the executive Director and chief of service for Valley Emergency Medical Services. Valley EMS is a regional advanced life support provider that services the towns of Shelton, Derby, Monroe, Ansonia, Seymour, and Oxford. Valley EMS is a regional PSA holder. As such, it has been providing service to its communities for 30 years. I am here to let you know that Valley EMS and its Board of Directors is vehemently against the public health bill HB5999. As many of you may or may not be aware EMS services as an industry is extremely young. When you consider the hundred plus years that fire services, and police services have been around, EMS has only had organizational structure and governmental input in Connecticut since the late 1960's. That being said, in its true infancy EMS PSA were issued by the State of Connecticut to quell the use of politics and "Good ole boy" relationships. EMS was a system of responders where money, gifts, and back door promises with local municipalities determined who would provide EMS to a certain community.. In fact, in 1974 things became so bad in Connecticut that a local TV station ran a story called "Scandal rides the Ambulance" This news piece brought to light the unethical and corrupt dealings of how EMS providers were given opportunities to service a particular community. A legislative subcommittee launched an investigation into "all aspects of ambulance services." The committee held several days of hearings in the spring of 1974, issuing a report in July 1974. As a result of such hearings the concept of primary service areas (PSA), or specific geographic areas served exclusively by designated licensed or certified EMS providers to answer emergency calls, originated in the comprehensive 1974 legislation. Clearly defined geographic regions to be serviced by each provider including cooperative arrangements with other providers and backup services." Virtually all the specific provisions about PSAs are set out in regulation, originally established in 1975 and amended in 1988. These regulations put an end to the "Good ole boy relationships" where gifts and favors for EMS services in municipalities were the norm.

As an EMS chief should this bill pass and become law I see a time where we will be going back to the days of the 1970's where a single municipal representative will have complete and total power over an EMS agency and

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potentially could use corrupt reasons to arbitrarily switch EMS providers. Continuity of care, quality of care, and radical destruction of local EMS systems could easily come to fruition.

There is absolutely no need for this bill to pass. There is currently in the State EMS regulations, an opportunity for municipal leaders to obtain their PSA's back from current providers. Such opportunity exists in *Connecticut General Statutes Sec 19a-179-4* **Primary Service Area Responders**

OEMS shall assign, in writing, a primary Service area responder for each primary service Area. All municipalities within the State of Connecticut shall be covered by said assignments. Primary service area responder's s Shall be either licensed or certified by OEMS pursuant to C.G.S. Sec. 19a-180. An express Condition of licensure or certification as an emergency medical service provider shall be the availability and willingness of the emergency medical service provider to properly carry out any PSAR assignment made by OEMS pursuant to this section of these regulations.

(b) The factors to be considered by OEMS in assigning any emergency medical services provider as a PSAR shall be as follows:

(1)

Size of population to be served;

(2)

Effect of proposed PSAR assignment on other emergency medical service providers in the area;

(3)

Geographic locations of the proposed PSAR provider;

(4)

The proposed PSAR's record of response time;

(5)

The proposed PSAR's record of activation time;

(6)

The proposed PSAR's level of licensure or certification; and,

(7)

Other factors which OEMS determines to be relevant to the provision of efficient and effective emergency medical services to the population to be served. Prior to

such assignment, OEMS shall solicit the advice and recommendation of the appropriate regional council and the chief administrative official of the municipality in which the PSAR lies for consideration in light of the above factors.

(c) Each PSAR shall be assigned to only one designated response service

for each given

category of service available. Any

circumstances under which another designated

response service would receive first call priority, such as central dispatch sending the closest available vehicle, shall be stipulated in the assignment of the PSAR.

(d) A PSAR assignment may be withdrawn when it is determined by OEMS that it is in the best interests of patient care to do so.

Upon transmittal to OEMS of the recommendation of the appropriate regional council, along with reasons in support of said recommendation, that withdrawal of a PSAR assignment is appropriate, OEMS shall institute proceedings pursuant to C.G.S. Sec. 19a-177 through Sec. 19a-182, inclusive, and the applicable regulations of the department of health services promulgated thereunder. The regional council and the designated primary service area responder shall be permitted to present evidence and arguments to the commissioner in support of their respective positions. Upon consideration of the council recommendation and any other evidence or argument presented, the commissioner shall make a decision, in writing, whether to withdraw the assignment. If an assignment is withdrawn, OEMS shall at the same time assign the PSAR responsibility to another provider. The commissioner may initiate such proceedings without being requested to do so by the council, but shall notify the council of its intent.

(e) Where the chief administrative official of the municipality in which the PSA lies can demonstrate to the commissioner that an emergency exists and that the safety, health and welfare of the citizens of the affected area are jeopardized by the performance of the assigned primary service area responder, that chief administrative official may petition the commissioner in writing, to suspend the assignment immediately. In such cases, the chief administrative official shall develop a plan acceptable to the commissioner for the alternative provision of primary service area responder responsibilities. Upon a finding that an emergency exists and that the safety, health, and welfare of the citizens of the affected area are jeopardized by the performance of the assigned primary service area responder, the commissioner may suspend the assignment immediately and order a plan for alternative provision of emergency medical services, pending prompt compliance with the requirements of the subsection (d) above. (Effective June 14, 1988.)